



Honeywell's Docket No. 30-5010 (4962)
Practitioner's Docket No. 52-001-004

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TC 1700
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: IWAMOTO, Nancy

Application No.: 09/543,628.

Filed: 04/05/2000

Group No.: 1712

Examiner: M. Freely

For: NOVEL POLYMER/SUBSTRATE AND POLYMER/POLYMER INTERFACES AND
METHODS OF MODELING AND FORMING SAME

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for two months:

Fee: \$400.00

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Sandra P. Thompson, PhD

Date: July 28, 2003

(Amendment Transmittal—page 1 of 2)

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col.2)	(Col.3)	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total 16 Minus 20 = 0			x \$18 =	\$0	
Indep. 2 Minus 3 = 0			x \$84 =	\$0	
First Presentation of Multiple Dependent Claim			+ \$280 =	\$0	
			Total Addit. Fee	\$0	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

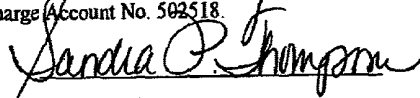
FEE PAYMENT

5. Please charge Account No. 502518 for the Fee Payment for this Amendment.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 502518.
If any additional fee for claims is required, charge Account No. 502518.

Date: July 28, 2003


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